

## ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 152

Registered No. 132

## 1. PLACE OF BIRTH

County

State

Township

or Village

City

No.

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Ward

## 2. Full name of child

Sex

If plural births

4. Twin, triplet, or other

6. Premature

7.

8. Date of birth

(Month, day, year)

If child is not yet named, make supplemental report, as directed

Full name

FATHER

15. Full name

MOTHER

10. Residence (usual place of abode)

(If nonresident, give place and State)

18. Residence (usual place of abode)

(If nonresident, give place and State)

11. Color of hair

12. Age at last birthday

(Years)

20. Color of eyes

21. Age at last birthday

(Years)

13. Birthplace (city or place)

(State or country)

22. Birthplace (city or place)

(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own, lawyer, etc., stillborn

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living

2

(b) Born alive but now dead

0

(c) Stillborn

28. If stillborn, period of gestation

months or weeks

29. Cause of stillbirth

Before labor

During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Born alive

Stillborn

at 11 P. M. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed)

M. D.

(Signature)

or

Midwife

Address

June 4, 1932

File

Given name added from a supplemental report

081-529-521

(Date of)

Registrar

Registrar

This certificate must be made for each child, and the number of each child must be stated in order of birth stated.